


Telecommunications Carriers			
<b>AUTHORIZED UTILITY REPRESENTATIVE FORM</b>			
<b>CERTIFICATED COMPANY INFORMATION</b>			
Company Name:		FEIN/SSN: [REDACTED]	
DBA/FKA:		Telephone #	
Mailing Address:			
City:		State:	
ILEC		IXC	
CLEC		Wireless ETC	
<b>REGISTERED AGENT INFORMATION</b>			
Registered Agent:			
Mailing Address:			
City:		State:	
ZIP Code:			

**As required by Commission rules and regulations**  
**Print or type company contact person and contact information for the areas listed below:**

<b>UTILITY REPRESENTATIVE INFORMATION</b>			
<b>General Manager</b>			
Name:			
Address:			
City:		State:	
ZIP Code:			
Phone:		Email:	
Fax:			
<b>Emergency Contact – Non Office Hours</b>			
Name:			
Address:			
City:		State:	
ZIP Code:			
Phone:		Email:	
Fax:			
<b>Customer Relations/Complaints Rep</b>			
Name:			
Address:			
City:		State:	
ZIP Code:			
Phone:		Email:	
Fax:			
<b>Complaints Rep for Complaint Escalation</b>			
Name:			
Address:			
City:		State:	
ZIP Code:			
Phone:		Email:	
Fax:			
<b>Customer Toll Free Contact Number:</b>			
<b>Engineering Operations</b>			
Name:			
Address:			
City:		State:	
ZIP Code:			
Phone:		Email:	
Fax:			
<b>Test and Repair</b>			
Name:			
Address:			
City:		State:	
ZIP Code:			
Phone:		Email:	
Fax:			

UTILITY REPRESENTATIVE INFORMATION			
<b>Regulatory Officer</b>			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
<b>Annual Report Form Mailings</b>			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
<b>Dual Party Invoice Mailings</b>			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
<b>Universal Service Fund Mailings</b>			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
<b>Gross Receipts Mailings</b>			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
<b>Lifeline Contact</b>			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:

FORM PREPARER INFORMATION	
This form was completed by:	
Signature:	
Title:	Date:

RETURN COMPLETED FORM TO: Public Service Commission of SC  
Docketing Department  
101 Executive Center Drive, Suite 100  
Columbia, SC 29210

**AND** Office of Regulatory Staff  
Attn. Kari Munn  
1401 Main Street, Suite 800  
Columbia, SC 29201